

**IN THE UNITED STATES DISTRICT COURT
FOR THE NORTHERN DISTRICT OF TEXAS
DALLAS DIVISION**

JAYSON CRAWFORD,

Plaintiff,

vs.

**METROPOLITAN LIFE
INSURANCE COMPANY,**

Defendant.

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CIVIL ACTION NO. 3:16-CV-2402-B

**DECLARATION OF JESSICA TAYLOR IN SUPPORT OF PLAINTIFF JAYSON
CRAWFORD'S RESPONSE TO DEFENDANT METROPOLITAN LIFE
INSURANCE COMPANY'S MOTION FOR SUMMARY JUDGMENT**

Pursuant to 28 U.S.C. §1746, I, Jessica Taylor, declare and state as follows:

1. I am the attorney of record for Plaintiff, Jayson Crawford, in the above-entitled and numbered cause. I submit this declaration in support of Plaintiff's Response to Defendant Metropolitan Life Insurance Company's ("MetLife") Motion for Summary Judgment. I make this declaration based on my personal knowledge.

2. Attached hereto as Exhibit A is a true and correct copy of pages from MetLife's claim file regarding the claim for benefits made by Jayson Crawford, which its counsel produced to me during the course of litigation.

3. Attached hereto as Exhibit B is a true and correct and complete copy of the Southwest Airlines Co. Welfare Benefit Plan Summary Plan Description Effective January 1, 2013, which MetLife's counsel produced to me during the course of litigation.

4. I declare under penalty of perjury, that the foregoing is true and correct and to the best of my knowledge.

Executed on July 5, 2017, in San Antonio, Texas.

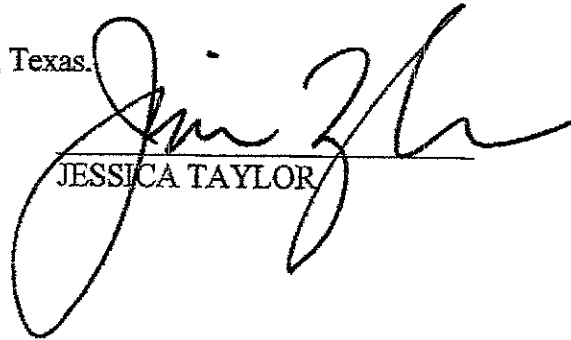

JESSICA TAYLOR

EXHIBIT A

SANDERS, O'HANLON, MOTLEY & YOUNG, P.L.L.C.**LAWYERS:**

ROGER D. SANDERS
MICHAEL YOUNG
LAURA GALLARDO

111 South Travis Street
Sherman, Texas 75090
Office: (903) 892-9133
Fax: (903) 892-4302

www.somlaw.net

LAWYERS:

ANTHONY O'HANLON, P.C.*
LUKE MOTLEY, IV*
UPENDAR T. REDDY*

*Of Counsel

January 16, 2015

Attn: Claim #21412010327
MetLife Group Claims

VIA FAX (570) 558 8645

Insured: Tracy Phillips Crawford
Date of Death: 12/15/2014
CLAIM #: 21412010327

Dear Group Benefits Administrator:

I represent Jayson Crawford regarding his claim to group life insurance benefits from his deceased wife, Tracy Crawford. Please direct all correspondence regarding his claim to the policy proceeds to my attention. Furthermore, any payment for the benefits must be made to the trust account of my firm, given his assignment of the claim.

The facts, to my understanding, are, in summary:

- a) Tracy Crawford was a long time employee of Southwest Airlines;
- b) She was married to Steven Marshman, until their divorce in 2007;
- c) Southwest Airlines had a group life insurance plan administered by Standard. After her divorce, Tracy designated her nephew, Cooper Burnett, as beneficiary under the Standard Policy;
- d) Tracy married Jayson Crawford on August 15, 2011;
- e) According to Jayson, Tracy made changes to her profit sharing, 401k, and life insurance benefits electronically on or about September 26, 2011, listing Jayson as the beneficiary for each;

MET/CRAWFORD 00569

APP.004

- f) At some point, apparently prior to 2011, Southwest changed its group life insurance coverage plan to one administered by Metlife;
- g) Tracy Crawford died on August 15, 2014;
- h) Upon making a claim for benefit, Jayson Crawford has learned that neither Metlife or Southwest have a record of an electronic (or paper) beneficiary designation for the Metlife policy;
- i) Southwest claims it can only locate a paper beneficiary designation for the old policy through Standard.

If the facts to your knowledge are different, please detail such differences.

In my experience with group ERISA life insurance policies, the plans typically specify that the spouse at the time of death receives the benefits if there is no current beneficiary designation. **Therefore, my client makes claim to the life insurance proceeds and demands that Metlife not pay any other purported beneficiary.**

I do not believe any designation under the prior policy is valid in this circumstance. This view is supported by Texas common law. In *Leath v. Tillery*, 424 S.W.2d 505 (Tex. Civ. App. Fort Worth 1968), the court considered a circumstance where the insured had designated her mother as beneficiary under the earlier policy, but had married and had a child after the change of carrier and not changed her beneficiary. The court refused to recognize the earlier designation, given the lack of updated designation and changed life circumstances. *Id.* at 506. While ERISA policies are governed by federal law, federal courts often look to analogous state law precedent. *Wegner vs. Standard Ins. Co.* 129 F. 3d 814 (5th Cir. 1997) (federal common law may be determined by reference to analogous state law).

Feel free to call or write if you wish to discuss this matter further.

Sincerely,



J. Michael Young

cc: client

MET/CRAWFORD 00570

APP.005

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Jan 28 2015 08:14:09

Case 3:16-cv-02402-B502089180-1 Filed 07/07/17 Page 6 of 50 PageID 796



FAX COVER PAGE 01/20/15 08:13:31 AM

To: dit

Fax Number: 5702071701

From: Eileen
Phone Number: 8006386420
Fax Number: 5705588657

Subject: TRACY CRAWFORD 21412010327 SOUTHWEST AIRLINES

Pages (including cover): 1
If there are problems with this facsimile call: 8006386420

Message:
April,

The system indicates you are the contact in Southfield for this claim.

We have a rival on this claim and there are questions regarding the beneficiary form on file for this claim.

Can you please send me the beneficiary designation form on file for this claim? We need the most recent beneficiary form and also any designation forms on file that may name a Jayson Crawford spouse as the beneficiary.

Employee is Tracy Crawford
SSN 455 13 9959

Thanks for your assistance,

Eileen Bronson | Complex Claims Examiner | MetLife Group Life Claims
5950 Airport Road, Oriskany, NY 13424 | T. 800-638-6420 | F. 570-558-8645 |

The Information contained in the following pages is privileged, confidential and intended only for the individual named above. ANY OTHER USE, DISSEMINATION, OR COPYING OF THIS COMMUNICATION IS STRICTLY PROHIBITED AND IS TORTIOUS INTERFERENCE WITH OUR CONFIDENTIAL BUSINESS RELATIONSHIPS. If this document was erroneously sent to you, please notify us immediately at the number listed above and then destroy this document.

MET/CRAWFORD 00571

APP.006

Dec 23 2014 15:32:26 MetLife

-> ACS MetLife

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**Southwest Airlines Co. Benefits Plus and Regular Plan Life
Group Life and AD&D Beneficiary Designation Form**

Name: Tracy Phillips Date of Birth: 4/3/70 Employee ID: 16928
 Department: Inflight SWA City Code: HOU 9
 Address: 16307 Kill Ln. City, State, Zip: Houston, TX 77068
 Home Phone: 282 221 5951 Cell Phone: 465 139959 Social Security Number: 465 139959

Primary Beneficiary(ies) Designation
 I name the following person(s) or institution(s) to receive any benefits that may become payable upon my death (if any primary beneficiary predeceases you, payment will be made to the remaining primary beneficiary(ies), if any, pro rata based on that designated "Percent" unless you check (✓) this box ☐ and attach a separate sheet of paper indicating a different distribution).

Beneficiary Name	Relation	Address (Street, City, State, Zip)	Phone Number	Date of Birth	Social Security Number	Percent
Cooper, Todd Buenett	great nephew	5429 Sugar Creek La Porte, TX 77571	281 470 7277	10/10/01	642 11 7286	100 %
		City, State, Zip				%
		Street				%
		City, State, Zip				%
		Street				%
		City, State, Zip				%

Contingent Beneficiary(ies) Designation
 I name the following person(s) or institution(s) as Contingent Beneficiary(ies). I understand that no Contingent Beneficiary will be paid unless all Primary Beneficiaries have predeceased me (if any contingent beneficiary predeceases you, payment will be made to the remaining contingent beneficiary(ies), if any, pro rata based on their designated "Percent" unless you check (✓) this box ☐ and attach a separate sheet of paper indicating a different distribution).

Beneficiary Name	Relation	Address (Street, City, State, Zip)	Phone Number	Date of Birth	Social Security Number	Percent
Mandy Nicole Buenett	Niece	5429 Sugar Creek La Porte, TX 77571	281 470 7277	8/2/76	461 91 8909	100 %
		City, State, Zip				%
		Street				%
		City, State, Zip				%
		Street				%
		City, State, Zip				%

*NOTE: percentages must total 100%

Employee Signature: Tracy Phillips
 Date: 4/25/2008
 In order for your designation to be effective, you must return this original form to:
 Southwest Airlines Co.
 Health & Welfare Benefits / HDB-SEB
 P.O. Box 30611
 Dallas, TX 75265-1611
 (No Copies or Facsimile)

Form 042007

MET/CRAWFORD 00572

APP.007

Referral From: Eileen

Was referral suggested on a Senior phone line call? No

Date: 12/22/15

Has this been submitted to a Senior previously? No

Insured's Name: TRACY CRAWFORD

Claim Number/CLB #: 21412010327

Date of Due Proof: 1/21/2015

Group Name: SOUTHWEST AIRLINES

Beneficiary Name: COOPER BURNETT

Dollar Amount: \$431,000.00

Coverage's: ☒ Optional

On Line Plan #: 6107441

Calligo Link of Plan Documents: <http://calligo.ccs.com/riso/CalligoDMS/velink.exe?fetch/3001/253145/1852649/1852412/151053028/1511>Any special instructions for viewing
Plan Documents on Calligo:

Was Plan Document Referenced in the SPD Folder? Yes

Comment SIGS

Sources Referenced:

Name of Procedure Referenced on ILCL:

Pages in DIT to Review:

Are areas referenced below highlighted in DIT?

Basic and/or Optional

Issue:

Optional

Issue:

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Plan Language: Copy & Paste from SPD

* Beneficiary Designation: Life Insurance Beneficiary Designation must be completed through the MetLife web site at www.metlife.com/ny/benefits. Effective June 15, 2013, paper life insurance designation forms will not be accepted by the Health & Wellness Team except for Committed Partner designations as described immediately below. (pg 115) plan doc - If You do not name a beneficiary for the Life Insurance and AD&D Program or if no beneficiary survives You, then the Insurance Carrier will pay in order to (i) Your surviving Spouse (or if in BenefitsPlus Your surviving Committed Partner), (ii) Your surviving children in equal amounts, (iii) Your surviving parents in equal amounts, (iv) Your surviving brothers or sisters in equal amounts, or, finally, (v) Your estate.

Summary

we have a claim where the paper beneficiary form is dated 04/25/2008 was completed prior to the date of 06/15/2013 when they no longer did paper forms. However this is a valid designation form on file with the firm and accepted as valid. The attorney for the spouse has acknowledged this designation form by the insured. He is now claiming for the spouse including the spouse and the insured did an online designation form on 09/26/2014 naming the spouse jaysen for bi and opt life. According to the firm there is no designation form on file that names the spouse. The attorney for spouse is indicating we are not to make payment to anyone other than the spouse. Plan is alive

MET/CRAWFORD 00588

APP.008

Insured's Name: TRACY CRAWFORD

Claim Number/GLB #: 21412010327

Suggested Handling

suggest advisement if denial to the spouse as not named bene would be defensible

Course of Action

The only bene designation on file is from 2008 naming Cooper Burnett. The Plan is ERISA regulated and MetLife's obligation is to the designated beneficiary. Draft a denial to the spouse as not the named beneficiary on the only beneficiary designation on file dated 4/25/2008. Letter should be addressed to the attorney for the spouse and indicate the SWA has no record of any online beneficiary change in 2011 naming the spouse for the Group Life benefit. Include perfection language to provide any evidence the life insurance beneficiary was electronically changed in 2011 to support an appeal.

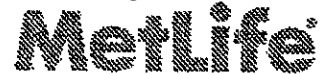
Senior Handling: Jason

Date Handled: 1/23/2015

Pages Reviewed By Senior: All

Has Claims Been Sent to Medical Department: No

ADDITIONAL INFORMATION



Metropolitan Life Insurance Company
Group Life Claims
P.O. Box 6100
Scranton, PA 18505
NOT FOR SERVICE OF LEGAL PROCESS

February 2, 2015

Sanders, O'Hanlon, Motley & Young, P.L.L.C.
111 South Travis St
Sherman, TX 75090

RE: Plan Participant: Tracy Crawford (decedent)
Plan Name & Group No.: Southwest Airlines 149670
(Basic & Optional Life Insurance)
Claim No.: 21412010327
Your Client: Jayson Crawford

Dear Attorney Young:

We have evaluated your claim for the above referenced benefits. For the reasons detailed below, we must deny your clients claim.

The Plan is an employee welfare benefit plan regulated by the Employee Retirement Income Security Act of 1974, as amended ("ERISA"), 29 U.S.C. §§ 1001-1461. MetLife, as claims fiduciary, must administer claims in accordance with ERISA and the documents and instruments governing the Plan. ERISA defines beneficiary as a "person designated by a participant, or by the terms of an employee benefit plan, who is or may become entitled to a benefit thereunder." 29 U.S.C. § 1002(8).

According to our records, the latest beneficiary designation on file that was completed by the decedent on April 25, 2008 does not name your client as the beneficiary of the Plan benefits. The beneficiary designation that is on file with the employee records is a valid beneficiary designation for the Plan benefits at issue. You state that according to your client, Ms. Crawford updated her beneficiary records to name your client on or about September 26, 2011. There is no record of any change of beneficiary on file with the employee records after the April 25, 2008 beneficiary designation. Your client would not be considered eligible for payment as the first eligible heir unless there was no valid beneficiary record on file at the time of Ms. Crawfords death.

Since your client was not named as beneficiary of the Plan benefits and not considered in the line of succession due to there being a valid beneficiary designation on file that does not name him, based on the record before MetLife, we must deny your clients claim.

Under ERISA, you have the right to appeal this decision within sixty (60) days after the receipt of this letter. To do so, you must submit a written request for appeal to MetLife at P.O. Box 6100, Scranton, PA 18505. Please include in your appeal letter the reason(s) you believe the claim was
gli311 rev.0005

MET/CRAWFORD 00590

APP.010

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improperly denied, and submit any additional comments, documents, records or other
information relating to your claim that you deem appropriate to enable MetLife to give your
appeal proper consideration. Upon your written request, MetLife will provide you with a copy of
the records and/or reports that are relevant to your claim.

MetLife Group Life Claim Appeal Committee will carefully evaluate all the information and
advise the claimant of its decision within sixty (60) days after the receipt of the appeal. If there
are special circumstances requiring additional time to complete the review, we may take up to an
additional sixty (60) days, but only after notifying the claimant of the special circumstances in
writing. In the event the appeal is denied in whole or in part, the claimant has the right to bring a
civil action under Section 502(a) of ERISA.

If you would like us to reconsider your claim, in support of your appeal, please provide us with
any documentation which evidences that your client was named as beneficiary by the Plan
Participant for the Group Life Insurance and documented on file with the Employee records
along with your written appeal.

If you have any questions, please contact our office at 315-792-6843.

Sincerely,

Group Life Claim Examiner
Group Life Claims Operations

gli311.rev.0005

MET/CRAWFORD 00591

APP.011

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MetLife Claims Team

Pages including fax form

3 pages

Fax # 570 558 8645

From The Estate of Tracy Crawford.

MET/CRAWFORD 00592

APP.012

To: MetLife Claims Team

Claim: 21412010327

Date: 2-4-15

Insured: Tracy Crawford

SS# 455 13 9959

Southwest Airlines # E16928

From: Tracy Crawford's Estate

Address 1114 14th ST Galveston TX 77550

Phone: 281 901 9338

Tracy Crawford's Estate is contesting the pay out to anyone other than the husband or to the Estate. Tracy Crawford's Estate has been requesting the life insurance plans from Southwest Airlines benefits, health and wellness department for several weeks. We just received the two plans Southwest Airlines use. 1) The Life Certs Benefits Plus Plan, your Benefits plan. 2) The Work Perks, Southwest Airlines health and wellness, Southwest Airlines Co Welfare Benefits Plan Summary Description 2014.

These are the two plans made available to all employees to view. These are the two plans Southwest benefits department gave Tracy Crawford to view in regards to her new life insurance policy with MetLife. These plans outline detail such as, state law being used to govern the plan and policy, to Southwest not using or accepting paper beneficiary forms anymore with Southwest's benefits, health and wellness department. The plan also outlines a beneficiary designation and the order in which it falls if none is listed on the policy with MetLife.

Both plans clearly state that they use state law to govern the plans and policy. The second plan makes it perfectly clear it is using Texas State law on page 4, to govern the plans and the policy. Texas is a community property state. If there is no Beneficiary designation on the new policy then, Tracy Crawford is expecting the policy to follow and go to the spouse under Texas law.

Both Plans clearly state that the new policy with MetLife must have a beneficiary designation made with MetLife and no longer with Southwest Airlines benefits department. Plan 2 clearly states all beneficiary updates or designations are to be done with MetLife and MetLife alone. As of June 15th, 2013 Southwest Airlines benefits health and welfare department are no longer using paper beneficiaries (plan 2, pages 115).

MET/CRAWFORD 00593

APP 013

Both plans clearly state that, if there is no designated beneficiary on the policy with MetLife it pays according to the plan. 1) The spouse. 2) Children. 3) Parent. 4) Brother or Sister. 5) The Estate. (Plan 1, pages 77 and Plan 2, pages 122). Plan 1, page 77, also clearly states the Estate should be paid to resolve this matter.

Nowhere in plan 1 or in plan 2 does it clearly state that, If no beneficiary was made with MetLife on this new policy, that MetLife would revert back to Southwest Airlines benefits department for any old STALE beneficiaries made prior to this new policy. In fact both plans tell you and give you the full impression, if the beneficiary is not designated with MetLife; MetLife pays out according to plan 1 page 77, and plane 2 page 122. Also see plan 2 pages 115, Southwest States they are no longer using paper beneficiary designations. This gives the full impression these are no longer valid or in use.

By Tracy Crawford electing not to designate a beneficiary with MetLife on this new policy, she believed the beneficiary payout was what was written in both plans according to the payout schedules. See both pay out schedules, plan 1 page 77 and plan 2 pages 122. Again, nowhere does it state if left blank MetLife would revert back to Southwest Airlines benefits department for any old paper beneficiaries. It clearly states it uses the two payout schedules in the plans only.

MetLife needs to honor the two payout schedules listed in both plans, or pay the Estate.

Both, Tracy Crawford and Tracy Crawford's Estate are expecting the policy to pay as follows according to the plans, with no beneficiary, with MetLife (Plan 1, pages 77 and Plan 2, pages 122). Again plan 1 clearly states, the Estate should be paid to resolve this matter with out issue.

Please contact the Estate of Tracy Crawford so we could get this resolved.

MET/CRAWFORD 00594

ADD 014

Referral From: Amy Brennan

Was referral suggested on a Senior phone line call? No

Date: 02/06/15

Has this been submitted to a Senior previously? No

Insured's Name: TRACY CRAWFORD

Claim Number/GLB #: 121412010327

Date of Due Proof:

Group Name: SOUTHWEST AIRLINES

Beneficiary Name: COOPER BURNETT

Dollar Amount: \$431,000.00

Coverage's:

☒ Optional

On Line Plan #: S1D7441

Callgo Link of Plan Documents: <http://callgo.docsony.com/CallgoDMS/ivlink.exe?fetch/2001/2/5B14E1862649/4B52412A51053034/151>Any special instructions for viewing
Plan Documents on Callgo:

Was Plan Document Referenced in the SPD Folder? Yes

Comment SIGS

Sources Referenced:

Name of Procedure Referenced on ILC:

Pages in DIT to Review:

Are areas referenced below highlighted in DIT?

Benefits and/or Optional

Issue:

Optional

Issue:

Plan Language: Copy & Paste from SPD

- Beneficiary Designation: Life Insurance Beneficiary Designation must be completed through the MetLife web site at www.metlife.com/mybenefits. Effective June 16, 2013, paper life insurance designation forms will not be accepted by the Health & Wellness Team except for Committed Partner designations as described immediately below. (pg 115) plan doc - If You do not name a beneficiary for the Life Insurance and AD&D Program or if no beneficiary survives You, then the Insurance Carrier will pay in order to (i) Your surviving Spouse (or if in BenefitsPlus Your surviving Committed Partner), (ii) Your surviving children in equal amounts, (iii) Your surviving parents in equal amounts, (iv) Your surviving brothers or sisters in equal amounts, or, finally, (v) Your estate.

Summary

Paper bene form on file is dated 04/25/2008 was completed prior to the date of 06/15/2013 when they no longer did paper forms. However this is a valid designation form on file with the firm and accepted as valid. The atty for the spouse has acknowledged this designation form by the insured. He is now claiming for the spouse indicating the spouse and the insured did an online designation form on 09/26/2011 naming the spouse jayson for bi and opt life. According to the firm there is no designation form on file that names the spouse. The atty for spouse is indicating we are not to make payment to anyone other than the spouse. Denial was sent 02/02/2015 via the Attorney. We have received a letter from "Tracy Crawford Estate" dated 02/04/2015 stating that they now have the Plans and the Plan states that state law governs the plan and policy and that Texas is a community property state and therefore should pay to the Spouse.

MET/CRAWFORD 00595

APP 015

Insured's Name: TRACY CRAWFORD

Claim Number/GLB #: 21412010327

The letter also stated that the Plans state the the new policy with MetLife must have a bene on file and only MetLife and no longer with SW Air benefits Dept. They state that no where does it state that MetLife would revert back to the SW beneficiary designation and by the employee not electing to designate a bene with MetLife she believed that the bene payout would be following the LOS. Letter requests payout to either spouse or the Estate.

Suggested Handling

Advise if we are considering this as an appeal by Jayson OR, write to refer him to his Attorney as our Feb 2 letter was sent to the Attorney that represents him. Appears this letter is written by the spouse Jayson same as the first letter we received in the file, he is represented by counsel now. Also need to know OR, are we considering this a claim made by Jayson on behalf of the Estate. The first initial denial denied the claim being made by Jayson as an individual only.

Course of Action

The letter is not signed; however states it is from the Estate of Tracy Crawford. We have no documentation to show who the Est rep is. Agree to draft an initial denial to the attny on behalf of the Estate. The section about state law governing in the Plan Doc is for privacy laws. The Plan also states it is no longer accepting paper designations. It does not state we are no longer honoring the designations already on file. Draft an initial appeal and refer to the srs for review.

Senior Handling: KayDee

Date Handled: 2/9/2015

Pages Reviewed By Senior: all

Has Claims Been Sent to Medical Department: Yes

ADDITIONAL INFORMATION

SANDERS, CHANLON, MOTLEY & YOUNG, PLLC.

111 S. Travis St.
Sherman, TX 75090
(903) 892-9133, fax (903) 892-4302
www.somlaw.net

FACSIMILE TRANSMISSION

DATE: February 11, 2015 **NO. OF PAGES** 4

RE: Tracy Phillips Crawford

TO: Group Benefits Administrator

FAX#: 570-558-8645

FROM: Jennifer Beyer, Assistant to J. Michael Young

MESSAGE: Attached please find correspondence from Mike Young.

THIS TRANSMISSION IS INTENDED ONLY FOR THE USE OF THE INDIVIDUAL OR ENTITY TO WHICH IS THE ADDRESSED AND MAY CONTAIN INFORMATION THAT IS PRIVILEGED, CONFIDENTIAL, AND EXEMPT FROM DISCLOSURE UNDER APPLICABLE LAW. IF THE READER OF THIS TRANSMISSION IS NOT THE INTENDED RECIPIENT OR THE EMPLOYEE OR AGENT RESPONSIBLE FOR DELIVERING THE TRANSMISSION TO THE INTENDED RECIPIENT, YOU ARE HEREBY NOTIFIED THAT ANY DISSEMINATION, DISTRIBUTION OR COPYING OF THIS COMMUNICATION IS STRICTLY PROHIBITED. IF YOU HAVE RECEIVED THIS COMMUNICATION IN ERROR, PLEASE NOTIFY US IMMEDIATELY BY TELEPHONE AND RETURN THE ORIGINAL TRANSMISSION TO US AT THE ABOVE ADDRESS VIA U.S. POSTAL SERVICE. THANK YOU.

If you do not receive all pages, please call _____

MET/CRAWFORD 00597

APP.017

SANDERS, O'HANLON, MOTLEY & YOUNG, P.L.L.C.**LAWYERS:**

ROGER D. SANDERS
J. MICHAEL YOUNG
LAURA GALLARDO

111 South Travis Street
Sherman, Texas 75090
Office: (903) 892-9133
Fax: (903) 892-4302

www.somlaw.net

LAWYERS:

ANTHONY O'HANLON, P.C.*
LUKE MOTLEY, IV*
UPENDART T. REDDY*

*Of Counsel

February 11, 2015

Attn: Claim #21412010327
Metlife Group Claims
PO Box 6100
Scranton, PA 18505

VIA FAX (570) 558 8645
AND VIA CERTIFIED MAIL

Insured: Tracy Phillips Crawford
Date of Death: 12/15/2014
CLAIM #: 21412010327

Dear Metlife Group Life Claims Examiner:

As you are aware, I represent Jayson Crawford regarding his claim to group life insurance benefits from his deceased wife, Tracy Crawford. His wife had basic and supplemental life insurance policies through Southwest Airlines.

I have reviewed your letter of February 2, 2015, pertaining to the claim by Jayson Crawford. This response will serve as a formal appeal of that letter.

As the letter notes, an ERISA life insurance plan must be administered in accordance with the controlling plan documents. However, in reviewing the letter, I am struck by the complete absence of any reference to the actual terms of the ERISA plan at issue. The letter asserts that the 2008 designation "is a valid beneficiary designation for the Plan benefits at issue." I would expect that assertion to have been followed by a comparison of that document to the specific terms of the plan. But such support is lacking. Frankly, it is even not clear from the letter if Metlife, as ERISA administrator has even reviewed the purported designation, as opposed to just relying from second hand information from Southwest Airlines. Thus, the "our records" reference in your letter may be misleading.

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MET/CRAWFORD 00598

APP.018

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The letter does not contradict what Southwest Airlines has told my client: that the 2008 designation was not made for the particular policy offered and administered by Metlife. Instead, it was made for a prior policy/plan offered and administered by The Standard or by the Colonial. According to my client, such designation may have been made for an AD&D policy, which Tracy subsequently cancelled. If Metlife contends that what my client was told was factually incorrect, I request that Metlife provide me a copy of the 2008 designation, along with the date that Metlife began offering the group life insurance plan through Southwest Airlines.

Based on the understanding that the 2008 designation was through an entirely different plan/policy, an examination of the terms of the CURRENT plan/policy compels a result that my client receive the life insurance benefits. Specifically, the Southwest Airlines Co. Welfare Benefit Plan, "Summary Plan Description" provides as follows:

Beneficiary Designation: Life Insurance Beneficiary Designation must be completed through the MetLife web site at www.metlife.com/mybenefits. Effective June 15, 2013, paper life insurance designation forms will not be accepted by the Health & Wellness Team except for Committed Partner designations as described immediately below. (p. 115)

...

BENEFICIARIES: When You Enroll in the Life and AD&D Insurance Program, You must name a beneficiary who will receive Your benefit if You die. You may name anyone You want. You must name one or more primary beneficiaries (who receive Your benefit first) and one or more contingent beneficiaries (who receive Your benefit if Your primary beneficiary dies before receiving it). Your beneficiary designation must be the same for Life and AD&D Insurance death benefits. (p. 122)

Note that there is no reference to carrying forward or acknowledging designations made for a prior plan/policy. Instead, reference is made to a beneficiary designation that "must be completed through the MetLife web site." (emphasis added) Therefore, according to the specific terms of the plan, any designation made in any other manner would not be given effect through the current plan. Again, if Metlife contends that the 2008 designation was made by Tracy Crawford through the MetLife web site, please provide evidence of same.

The plan specifically sets out how the benefits are to be paid if a designation is not made in accordance with the plan terms:

If You do not name a beneficiary for the Life Insurance and AD&D Program or if no beneficiary survives You, then the Insurance Carrier

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MET/CRAWFORD 00599

APP.019

will pay in order to (i) Your surviving Spouse (or if in BenefitsPlus Your surviving Committed Partner), (ii) Your surviving children in equal amounts, (iii) Your surviving parents in equal amounts, (iv) Your surviving brothers or sisters in equal amounts, or, finally, (v) Your estate.

By the very terms of the plan at issue, my client, as the surviving spouse, is entitled to payment of the benefits. Therefore, he makes demand that Metlife make payment to him, through this firm.

At minimum, Metlife should avoid potential liability for double payment by not paying the proceeds to anyone other than Jayson Crawford. I direct your attention to *Poindexter V. Miller*, 2010 WL 1009695 (W.D. Penn. 2010). That case suggests that my client has a viable state law negligence claim against Metlife should it pay someone else while on notice of my client's claim to the benefits.

My client is mindful that Metlife may be facing competing claims and does not want to risk a determination for one claimant that could expose it to double payment down the road. Therefore, my client is comfortable with Metlife deciding that the determination of the proper beneficiary should be left to a federal court and filing an interpleader action in Texas.

However, before Metlife files the interpleader, it may be that the interested claimants would rather reach an agreement rather than incur the expense and uncertainty of years of litigation. Therefore, Metlife is authorized to provide my contact information to any other claimant or their attorney.

We look forward to your timely response.

Sincerely,



J. Michael Young

cc: client

Referral From: Amy Brennan

Date: 02/16/15

Was referral suggested on a Senior phone line call? No

Has this been submitted to a Senior previously? No

Insured's Name: TRACY CRAWFORD

Claim Number/SLB #: 21412010327

Date of Due Proof:

Group Name: SOUTHWEST AIRLINES

Beneficiary Name: COOPER BURNETT

Dollar Amount: \$431,000.00

Coverage's: ☒ Optional

On Line Plan #: 8107441

Calligo Link of Plan Documents: <http://calligodocsvarsiso/CalligoDMS/#/reflink.exe?refchv2031/258145/16626-9/1832472/51053028/1511>Any special instructions for viewing
Plan Documents on Calligo:

Was Plan Document Referenced in the SPD Folder? Yes

Comment SIGS

Sources Referenced:

Name of Procedure Referenced on ILCL:

Pages in DIT to Review:

Are areas referenced below highlighted in DIT?

Basic and/or Optional

Issue:

Optional

Issue:

Plan Language: Copy & Paste from SPD

Beneficiary Designation: Life Insurance Beneficiary Designation must be completed through the MetLife web site at www.metlife.com/mybenefits. Effective June 15, 2018, paper life insurance designation forms will not be accepted by the Health & Wellness Team except for Committed Partner designations as described immediately below. (pg 115) plan doc - If You do not name a beneficiary for the Life Insurance and AD&D Program or if no beneficiary survives You, then the Insurance Carrier will pay in order to (i) Your surviving Spouse (or if in BenefitsPlus Your surviving Committed Partner), (ii) Your surviving children in equal amounts, (iii) Your surviving parents in equal amounts, (iv) Your surviving brothers or sisters in equal amounts, or, finally, (v) Your estate.

Summary

Paper bene form on file is dated 04/25/2008 was completed prior to the date of 05/15/2013 when they no longer did paper forms. However this is a valid designation form on file with the firm and accepted as valid. The attorney for the spouse has acknowledged this designation form by the insured. He is now claiming for the spouse indicating the spouse and the insured did an online designation form on 09/26/2011 naming the spouse Jayson for bi and opt life. According to the firm there is no designation form on file that names the spouse. The attorney for spouse is indicating we are not to make payment to anyone other than the spouse. Denial was sent 02/02/2015 via the Attorney. We have received a letter from "Tracy Crawford Estate" dated 02/04/2016 stating that they now have the Plans and the Plan states that state law governs the plan and policy and that Texas is a community property state and therefore should pay to the Spouse.

MET/CRAWFORD 00605

APP.021

Insured's Name: TRACY CRAWFORD

Claim Number/GLB #: 21412010327

The letter also stated that the Plans state the the new policy with MetLife must have a bene on file and only MetLife and no longer with SW At benefits Dept. They state that no where does it state that MetLife would revert back to the SW beneficiary designation and by the employee not electing to designate a bene with MetLife she believed that the bene payout would be following the LOS. Letter requests payout to either spouse or the Estate. Letter is drafted for initial denial for estate's claim, RE-REFER- since the time I sent the drafted denial for the estate's claim we received an appeal from the attorney for the initial denial to the spouse. Letter states that support of reliance of the previous bene form is lacking and also refers to a case under state law and also wants us to file an interpleader.

Suggested Handling

Agree that his client, spouse of the employee, was not named and not entitled in LOS as there was a beneficiary designation on file, even though the beneficiaries were to be done online as of 06/15/2013 that did not void the paper beneficiary forms currently on file. There is no Plan language which states the previous paper forms would no longer be valid. Agree to send a new denial letter which addresses these points and include denial to estate so this would be a new initial denial.

Course of Action

PER APPEALS, WE NEED TO CONFIRM WITH ADMIN THAT THE PREVIOUS DESIGNATIONS WERENT REVOKED. ONCE THEY CONFIRM THAT, THEN WE ARE GOING TO UPHOLD THE DENIAL TO THE SPOUSE. AS THE ESTATE IS ALSO MAKING A CLAIM, ONCE ADMIN CONFIRMS THAT PRIOR DESIGNATIONS WERENT REVOKED, THEN WE CAN ALSO DRAFT A DENIAL LETTER TO THE ESTATE AND GIVE APPEAL RIGHTS.

Senior Handling: Charles

Date Handled: 2/19/2015

Pages Reviewed By Senior: All

Has Claims Been Sent to Medical Department: No

ADDITIONAL INFORMATION

MetLife

FAX COVER PAGE 03/17/15 09:31:57 AM

To: DIT

Fax Number: 5702071701

From:
Phone Number:
Fax Number:

Subject: FW: LCI Escalation-Status Update needed-Claim number 21412010327

Pages (including cover): 5
If there are problems with this facsimile call:

Message:

From: Brown, Rebecca On Behalf Of Ins_Oriskany_Glif_MPM_Escalations
Sent: Monday, March 16, 2015 1:47 PM
To: Brennan, Amy
Subject: FW: LCI Escalation-Status Update needed-Claim number 21412010327

Hi Amy,

I am returning to you to continue with your review and refer to continue with review of the appeal. ADMN confirmed if there is no designation completed online, it reverts back to the paper designation, they were not considered no longer valid.

Thanks Becky

Rebecca A Brown | Claim Business Consultant | MetLife Group Life Claims
5950 Airport Road, Oriskany, NY 13424 | T. 315-792-6396 | F. 570-558-8645 |
rabrown@metlife.com

From: McGuire, Larry
Sent: Monday, March 16, 2015 1:43 PM
To: Ins_Oriskany_Glif_MPM_Escalations

The Information contained in the following pages is privileged, confidential and intended only for the individual named above. ANY OTHER USE, DISSEMINATION, OR COPYING OF THIS COMMUNICATION IS STRICTLY PROHIBITED AND IS TORTIOUS INTERFERENCE WITH OUR CONFIDENTIAL BUSINESS RELATIONSHIPS. If this document was erroneously sent to you, please notify us immediately at the number listed above and then destroy this document.

MET/CRAWFORD 00638

APP.023

Cc: Melillo, Nicholas; Brennan, Amy
Subject: RE: LCI Escalation-Status Update needed-Claim number 21412010327

Rebecca,

The Cert and the SPD are silent on the matter. The only mention is that paper will no longer be provided after 06/01/2013 and all future changes will need to be made on our website.

Thanks

**Larry D. McGuire|National Accounts|South Customer Unit
Sr. Client Services Consultant |972-246-3828 – Voice|518-953-1748 -
Fax
lmcguire@metlife.com**

From: Brown, Rebecca **On Behalf Of** Ins_Oriskany_Glif_MPM_Escalations
Sent: Monday, March 16, 2015 12:37 PM
To: McGuire, Larry
Cc: Melillo, Nicholas; Brennan, Amy
Subject: RE: LCI Escalation-Status Update needed-Claim number 21412010327

Hi Larry,

I'm following to see if you found out on any communications. Your email below indicated you were checking on any communications that may have been sent.

Please advise

Thanks Becky

Rebecca A Brown| Claim Business Consultant | MetLife Group Life Claims
5950 Airport Road, Oriskany, NY 13424 | T. 315-792-6396 | F. 570-558-8645 |
rabrown@metlife.com

From: McGuire, Larry
Sent: Wednesday, March 11, 2015 8:40 AM
To: Ins_Oriskany_Glif_MPM_Escalations
Cc: Melillo, Nicholas; Brennan, Amy
Subject: RE: LCI Escalation-Status Update needed-Claim number 21412010327

Amy

MET/CRAWFORD 00639

APP.024

No, if there is no bene on listed online with MetLife we revert back to the paper form that SWA had on file prior to the transition. I am double checking any communications.

Thanks

**Larry D. McGuire|National Accounts|South Customer Unit
Sr. Client Services Consultant |972-246-3828 – Voice|518-953-1748 -
Fax
lmcguire@metlife.com**

From: Brown, Rebecca On Behalf Of Ins_Oriskany_Glif_MPM_Escalations
Sent: Wednesday, March 11, 2015 6:57 AM
To: McGuire, Larry
Cc: Melillo, Nicholas; Brennan, Amy
Subject: RE: LCI Escalation-Status Update needed-Claim number 21412010327

Hi Larry,

Thank you for your response. Our question is, the designation in 2008 that names Cooper, was this designation revoked or considered no longer valid when the customer went to online beneficiary designations. If so, was there a communication sent to the insured advising the prior designations would no longer be valid if so, can we be provided with a copy of the letter.

I am showing the LCI is in your "My work" and that you opened the task on 3/10/2015 and you made a note in the note tab (Pend Task Reason) Legal

Please advise

Thanks Becky

Rebecca A Brown| Claim Business Consultant | MetLife Group Life Claims
5950 Airport Road, Oriskany, NY 13424 | T. 315-792-6396 | F. 570-558-8645 |
rabrown@metlife.com

From: McGuire, Larry
Sent: Tuesday, March 10, 2015 2:23 PM
To: Ins_Oriskany_Glif_MPM_Escalations
Cc: Melillo, Nicholas; Brennan, Amy
Subject: RE: LCI Escalation-Status Update needed-Claim number 21412010327

Good Afternoon

MET/CRAWFORD 00640

APP.025

I do not show any outstanding LCI's, and I have answered this question in the past. There are no other bene forms with MetLife or with SWA.

Thanks

**Larry D. McGuire|National Accounts|South Customer Unit
Sr. Client Services Consultant |972-246-3828 – Voice|518-953-1748 -
Fax
lmcguire@metlife.com**

From: Brown, Rebecca On Behalf Of Ins_Oriskany_Glif_MPM_Escalations
Sent: Tuesday, March 10, 2015 1:13 PM
To: McGuire, Larry
Cc: Melillo, Nicholas; Brennan, Amy
Subject: RE: LCI Escalation-Status Update needed-Claim number 21412010327

Hi Larry,

Please provide a status on this LCI.

Thanks Becky

Rebecca A Brown| Claim Business Consultant | MetLife Group Life Claims
5950 Airport Road, Oriskany, NY 13424 | T. 315-792-6396 | F. 570-558-8645 |
rabrown@metlife.com

From: Brown, Rebecca
Sent: Thursday, March 05, 2015 9:02 AM
To: McGuire, Larry
Cc: Melillo, Nicholas; Brennan, Amy
Subject: LCI Escalation-Status Update needed-Claim number 21412010327

Hi Larry,

Please provide a status update on a LCI for Tracy Crawford-Southwest Airlines-claim number 21412010327-LCI ID# 40942

We are currently reviewing an appeal based on a denial to a party not the named beneficiary. We need to know if the beneficiary designation that is attached in MPM dated 04/28/2008 naming Cooper the great nephew was revoked or considered no longer valid once the customer went to online designations. If so, was there a written communication sent to the employees regarding this. If so, are they able to provide that actual letter sent to the insured or a copy of the generic letter that was sent.

MET/CRAWFORD 00641

APP.026

Please advise. As we have an appeal, we need an answer so we can continue with the appeal review

Thanks Becky

Rebecca A Brown | Claim Business Consultant | MetLife Group Life Claims
5950 Airport Road, Oriskany, NY 13424 | T. 315-792-6396 | F. 570-558-8645 |
rabrown@metlife.com

MET/CRAWFORD 00642

APP.027

Referral From: Amy Brennan

Date: 03/17/15

Was referral suggested on a Senior phone line call? No
Has this been submitted to a Senior previously? No

Insured's Name: TRACY CRAWFORD

Claim Number/GLB #: 21412010327

Data of Due Proof:

Group Name: SOUTHWEST AIRLINES

Beneficiary Name: COOPER BURNETT

Dollar Amount: \$431,000.00

Coverage's: ☒ Optional

On Line Plan #: 6107441

Calligo Link of Plan Documents: <http://calligodocsvocisof/CalligoDMS/kylink.exe?fetch/2001/265146185264913324121510630891511>Any special instructions for viewing
Plan Documents on Calligo:

Was Plan Document Referenced in the SPD Folder? Yes

Comment SIGS

Sources Referenced:

Name of Procedure Referenced on ILCL:

Pages in DIT to Review:

Are areas referenced below highlighted in DIT?

Basic and/or Optional

Issue:

Optional

Issue:

Plan Language: Copy & Paste from SPD

Beneficiary Designation: Life Insurance Beneficiary Designation must be completed through the MetLife web site at www.metlife.com/mybenefits. Effective June 15, 2013, paper life insurance designation forms will not be accepted by the Health & Wellness Team except for Committed Partner designations as described immediately below. (pg 115) plan doc • If you do not name a beneficiary for the Life Insurance and AD&D Program or if no beneficiary survives you, then the Insurance Carrier will pay in order to (i) Your surviving Spouse (or if in BenefitsPlus Your surviving Committed Partner), (ii) Your surviving children in equal amounts, (iii) Your surviving parents in equal amounts, (iv) Your surviving brothers or sisters in equal amounts, or, finally, (v) Your estate.

Summary

Paper bene form on file is dated 04/25/2008 was completed prior to the date of 05/15/2013 when they no longer did paper forms. However this is a valid designation form on file with the firm and accepted as valid. The attorney for the spouse has acknowledged this designation form by the insured. He is now claiming for the spouse indicating the spouse and the insured did an online designation form on 09/28/2011 naming the spouse Jayson for b) and opt life. According to the firm there is no designation form on file that names the spouse. The attorney for spouse is indicating we are not to make payment to anyone other than the spouse. Denial was sent 02/02/2015 via the Attorney. We have received a letter from "Tracy Crawford Estate" dated 02/04/2015 stating that they now have the Plans and the Plan states that state law governs the plan and policy and that Texas is a community property state and therefore should pay to the Spouse.

MET/CRAWFORD 00643

APP.028

Insured's Name: TRACY CRAWFORD

Claim Number/GLB #: 21412010327

The letter also stated that the Plans state the the new policy with MetLife must have a bene on file and only MetLife and no longer with SW Air benefits Dept. They state that no where does it state that MetLife would revert back to the SW/ beneficiary designation and by the employee not electing to designate a bene with MetLife she believed that the bene payout would be following the LOS. Letter requests payout to either spouse or the Estate. Letter is drafted for initial denial for estate's claim, RE-REFER- since the time I sent the drafted denial for the estate's claim we received an appeal from the attorney for the initial denial to the spouse. Letter states that support of reliance of the previous bene form is lacking and also refers to a case under state law and also wants us to file an Interpleader.

Suggested Handling

Agree that his client, spouse of the employee, was not named and not entitled in LOS as there was a beneficiary designation on file, even though the beneficiaries were to be done online as of 05/15/2013 that did not void the paper beneficiary forms currently on file. There is no Plan language which states the previous paper forms would no longer be valid. Agree to send a new denial letter which addresses these points and include denial to estate so this would be a new initial denial. IT has been confirmed via Admin that if no bene online it reverts back to the paper bene that would already be on file. Online process did not void the paper bene's on file.

Course of Action

Appeal review - Uphold denial to spouse. Confirmed the prior designations were not revoked. No such language in the plan. Language states going forward (2013) they do electronic designations and not paper. Does not invalid prior paper.

Senior Handling: Tim

Date Handled: 3/20/2015

Pages Reviewed By Senior:

Has Claims Been Sent to Medical Department:

ADDITIONAL INFORMATION

MetLifeGroup Life Claims
P.O. Box 6100
Scranton, PA 18505-6100
1-800-638-6420**Life Insurance Claim Form****Claimant's Statement****Insured's Employer Name:** Southwest Airlines**Insured Employee Name:** Tracy Crawford

In order to process your claim as quickly as possible we need some information about you and about the deceased. Each beneficiary must submit his or her own Claimant's Statement. Return this completed Claimant's Statement to the Employer or directly to MetLife, in accordance with the instructions you received with this form. Be sure to include a certified copy of the death certificate that indicates the cause and manner of death. A certified copy of the death certificate is one that has been certified by the local Bureau of Vital Statistics or other responsible agency, and bears a raised or colored seal. You can usually obtain one from the funeral director who handled the arrangements. Only one death certificate need be submitted. Please note that original documents cannot be returned.

Additional Information if Beneficiary is a Minor:

If no legal guardian is appointed to handle the minor's estate, a responsible adult should complete and sign the Claimant's Statement on behalf of the minor beneficiary. Be sure to complete Section A with information regarding the minor, not the party completing the form. If a legal guardian of the minor child's estate has been or will be appointed, the guardian must complete and sign the Claimant's Statement. Be sure to include a copy of court-issued guardianship papers in the claim submission to MetLife.

A. Information about the beneficiary:

1. Your Name (please print in capital letters or type) COOPER TODD BURNETT
First Middle Initial Last
Maiden Name (if applicable) X
2. Social Security No. / TIN 642 / 11 / 7286
3. Date of Birth: October 10 2001 ☒ Male ☐ Female
Mo Day Year
4. Country of Citizenship: USA
5. Phone Number Day (713) 241-9348 Evening (713) 241-9348
(Area Code) (Area Code)
6. Fax Number (optional) (X) -
(Area Code)
7. Mailing Address 8300 Red Bluff 618
Number Street Apt./Box No. (if any)
Pasadena Texas 77507
City State Zip
8. Relationship to the deceased
You are the ☐ Spouse ☐ Child ☐ Parent ☒ Other Nephew
Explain
9. If you have signed a document with a funeral home (a funeral home assignment) that authorizes MetLife to make a payment directly to it, please attach the document and check here ☐

B. Information about the deceased:

1. His/Her Name TRACY CRAWFORD
First Middle Initial Last
Maiden Name (if applicable) PHILIPS
2. Residence Address: 1114 11th ST
Number Street Apt./Box No. (if any)
GALVESTON TX 77550
City State Zip
3. Marital Status ☐ Single ☒ Married ☐ Widow/Widower ☐ Separated ☐ Divorced
4. Date of Birth: April 3 1970
Mo Day Year
5. Social Security No. 455 / 13 / 9959
6. Certified copy of death certificate is ☒ attached (or was previously submitted) ☐ not attached
If not attached, please explain _____
7. If the decedent also held an individual life insurance policy with MetLife, please provide the policy number: _____
or call 1-800-638-5000 for information

MET/CRAWFORD 00645

APP.030

Insured Employee Name: Tracy Crawford

C. Total Control Account (TCA)

Our standard payment method is in the form of a Total Control Account. A personalized draftbook and a kit that includes information about your TCA will be sent to you if an Account is established. Your TCA will be guaranteed by MetLife and your TCA will be accessible to you when you need it. A check will be issued to you if required by state law, regulation or direction.

D. Estate Resolution Service (ERS)

Because your loved one participated in MetLife's group supplemental life insurance program, you are entitled, at no cost, to take advantage of the Estate Resolution Services. For more information regarding Estate Resolution Services and how to access the service please read the enclosed document titled MetLife Estate Resolution ServicesSM - Assistance in Probating the Insured Estate

E. Delivering the Promise (DTP)

If a MetLife DTP Specialist assisted you with this claim, you may elect to have your check mailed to the Specialist, who will deliver it to you. If you wish to have the proceeds mailed to your DTP Specialist, please check the appropriate box below. If no box is checked, the proceeds will be delivered directly to you

☐ Deliver to DTP Specialist

DTP Specialist Name _____

District Agency Index (DAI) _____

DTP Specialist Address _____

☒ Deliver to Beneficiary

F. Certifications and Signature:

By signing below, I acknowledge.

1. All information I have given is true and complete to the best of my knowledge and belief.
2. I consent to the pro rata deduction of any contributions owed by the insured from insurance proceeds paid to me.
3. MetLife has the right to recover any amounts that it determines to be an overpayment. An overpayment occurs if MetLife determines that: (a) the total amount paid by MetLife on your claim is more than the total amount of benefits due to you under the benefit plan/insurance certificate, or (b) MetLife made payment to you when the payment should have been made to someone else. In case of an overpayment, I agree to repay MetLife the specifically overpaid funds. I further understand that if an overpayment is not repaid, MetLife reserves the right to rely on any means to recover the overpayment, including institution of litigation.
4. I have read the applicable Fraud Warning(s) provided in this form. **New York Residents:** Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime, and shall also be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation.

Under penalty of perjury, I certify:

1. That the number shown on this form is my correct taxpayer identification number; and
2. That I am not subject to IRS required backup withholding as a result of failure to report all interest or dividend income; and
3. I am a U.S. citizen, or a U.S. resident for tax purposes.

Please note: If item 2 or 3 above is not true, cross out the applicable item(s).

The IRS does not require your consent to any provision of this document other than the certification to avoid backup withholding

Please sign below. Include first and last name. If you are receiving a Total Control Account, this signature will be placed on file with your Account. If Beneficiary is a minor, the legal guardian or adult submitting this form must sign, not the minor.

Mandy Mace
Claimant Signature

January 13, 2015
Date Signed

DENNIS M. SLATE*
ATTORNEY AT LAW P.C.
112 E. FORREST
Deer Park, TX 77536
Tel: 281-476-9447
Fax: 281-476-5811



Melissa Dennis
Associate Attorney

Ryann Tighe
Legal Assistant

Erin Rollins
Legal Assistant

March 13, 2015

Via Certified Mail, Return Receipt Requested

Met Life
P.O. Box 6100
Scranton, PA 18505-6100

RE:	Insured:	Tracy Crawford
	Group No	0149670
	Claim No	21412010327

Dear Sir or Ma'am:

Please find enclosed the following documents:

- *A Certified Death Certificate for TRACY CRAWFORD, and*
- *Completed Claimant's Statement*

Do not hesitate to contact our office should you have any questions

Sincerely,

A handwritten signature in dark ink that reads 'DMSlate'.

Dennis M. Slate

md.DMS

CC. Mandy Mace

MET/CRAWFORD 00647

APP.032

2
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12
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15062102430027

STATE OF TEXAS CERTIFICATION OF VITAL RECORD

DEPARTMENT OF STATE HEALTH SERVICES VITAL STATISTICS UNIT

TEXAS DEPARTMENT OF STATE HEALTH SERVICES - VITAL STATISTICS
STATE OF TEXAS CERTIFICATE OF DEATH STATE FILE NUMBER 142-14-171498

1 LEGAL NAME OF DECEASED (Last, First, Middle Initial)		2 DATE OF DEATH (Actual or Presumed)	
TRACY CRAWFORD		DECEMBER 15, 2014	
3 SEX	4 DATE OF BIRTH (mm-dd-yyyy)	5 AGE Last Birthday (Years)	6 MONTHS, DAYS, HOURS, MINUTES
FEMALE	APRIL 2, 1970	44	
7 SOCIAL SECURITY NUMBER		8 MARRITAL STATUS AT TIME OF DEATH	9 SURVIVING SPOUSE'S NAME (If wife, give name prior to last marriage)
AGE-18 5955		<input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> Never Married <input type="checkbox"/> Unknown	JAYSON CRAWFORD
10A RESIDENCE STREET ADDRESS		10B APT. NO.	10C CITY OR TOWN
1114-14TH STREET			GALVESTON
10D COUNTY	10E STATE	10F ZIP CODE	10G INSIDE CITY LIMITS
GALVESTON	TEXAS	77550	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
11 FATHER'S NAME		12 MOTHER'S NAME PRIOR TO FIRST MARRIAGE	
HOLLIS W. PHILLIPS		RUBY M. SIMMONS	
13 PLACE OF DEATH (Check only one)		14 COUNTY OF DEATH	
<input type="checkbox"/> In Hospital <input type="checkbox"/> In Home <input type="checkbox"/> Hospice Facility <input type="checkbox"/> Nursing Home <input type="checkbox"/> Degraded Home <input type="checkbox"/> Other (Specify)		GALVESTON	
15 COUNTY OF DEATH		16 MARRIAGE ADDRESS OF DECEASED	
GALVESTON		JOHN SEALY HOSPITAL	
17 INFORMANT'S NAME & RELATIONSHIP TO DECEASED		18 MAILING ADDRESS OF INFORMANT (Street and Number, City, State, Zip Code)	
JAYSON CRAWFORD - HUSBAND		1114-14TH STREET, GALVESTON, TX 77550	
19 METHOD OF DISPOSITION		20 SIGNATURE AND LICENSE NUMBER OF FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	
<input type="checkbox"/> Burial <input checked="" type="checkbox"/> Cremation <input type="checkbox"/> Donation <input type="checkbox"/> Entombment <input type="checkbox"/> Removal from state <input type="checkbox"/> Other (Specify)		FRANKLIN W. CARNES II, BY ELECTRONIC SIGNATURE - 8423	
21 PLACE OF DISPOSITION (Name of cemetery, crematory, other place)		22 LOCATION (City/Town, Unit, State)	
MAINLAND MEMORIAL CREMATORY		HITCHCOCK, TX	
23 NAME OF FUNERAL FACILITY		24 COMPLETE ADDRESS OF FUNERAL FACILITY (Street and Number, City, State, Zip Code)	
CARNES BROTHERS FUNERAL HOME GALVESTON		1201 TREMONT, GALVESTON, TX 77550	
25 CERTIFIER (Check only one)		26 DATE CERTIFIED (mm-dd-yyyy)	
<input type="checkbox"/> Certified by physician <input type="checkbox"/> Medical Examiner/Coroner of the Place <input type="checkbox"/> Medical Investigator <input type="checkbox"/> Other (Specify)		DECEMBER 15, 2014	
27 SIGNATURE OF CERTIFIER		28 LICENSE NUMBER	29 TIME OF DEATH (Actual or Presumed)
NILUSON METHACHITTIPHAN, BY ELECTRONIC SIGNATURE		8P1-0049193	04 10 AM
30 PRINTED NAME ADDRESS OF CERTIFIER (Street and Number, City, State, Zip Code)		31 TITLE OF CERTIFIER	
NILUSON METHACHITTIPHAN 301 UNIVERSITY BLVD, GALVESTON, TX 77550-6553		MD	
32 PART 1 ENTER THE CHAIN OF EVENTS (DISEASES, INJURIES, OR COMPLICATIONS THAT DIRECTLY CAUSED THE DEATH) (Approximate Interval: Count to death)		33 CAUSE OF DEATH (Final disease or condition leading to death)	
REFRACTORY CARDIOGENIC SHOCK WITH MULTI ORGAN FAILURE		5 DAYS	
34 PART 2 ENTER THE CHAIN OF EVENTS (DISEASES, INJURIES, OR COMPLICATIONS THAT DIRECTLY CAUSED THE DEATH) (Approximate Interval: Count to death)		35 CAUSE OF DEATH (Final disease or condition leading to death)	
ST ELEVATION MI, LARGE SIZE MYOCARDIAL INFARCTION		36 CAUSE OF DEATH (Final disease or condition leading to death)	
37 PART 3 ENTER OTHER CAUSE(S) CONTRIBUTING TO DEATH BUT NOT RESULTING IN THE UNDERLYING		38 WAS AN AUTOPSY PERFORMED?	
		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
39 PART 4 ENTER OTHER CAUSE(S) CONTRIBUTING TO DEATH BUT NOT RESULTING IN THE UNDERLYING		40 WERE AUTOPSY FINDINGS AVAILABLE TO COMPLETE THE CAUSE OF DEATH?	
		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
41 MANNER OF DEATH	42 TOBACCO USE CONTRIBUTES TO DEATH	43 IF SPILLAGE	44 TRANSPORTATION MURDER SPECIFY
<input checked="" type="checkbox"/> Natural <input type="checkbox"/> Accident <input type="checkbox"/> Suicide <input type="checkbox"/> Homicide <input type="checkbox"/> Pending Investigation <input type="checkbox"/> Could not be determined	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input checked="" type="checkbox"/> Not pregnant while past year <input type="checkbox"/> Pregnant at time of death <input type="checkbox"/> Not pregnant but pregnant within 42 days of death <input type="checkbox"/> Not pregnant but pregnant 43 days to one year before death <input type="checkbox"/> Unknown if pregnant while past year	<input type="checkbox"/> Driver/Operator <input type="checkbox"/> Passenger <input type="checkbox"/> Pedestrian <input type="checkbox"/> Other (Specify)
45 DATE OF INJURY (mm-dd-yyyy)	46 TIME OF INJURY	47 INJURY AT WORK?	48 PLACE OF INJURY (If g. Occupational name, completion add, residential, wooded area)
		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
49 LOCATION (Street and Number, City, State, Zip Code)		50 COUNTY OF INJURY	
51 DESCRIBE HOW INJURY OCCURRED			
52 REGISTRAR'S NO.	53 DATE RECEIVED BY LOCAL REGISTRAR	54 REGISTRAR	
03-2132	DECEMBER 17, 2014	REGISTRAR - GALVESTON COUNTY HEALTH DISTRICT, ELECTRONICALLY FILED	

CERTIFIED

TEXAS DEPARTMENT OF STATE HEALTH SERVICES - VITAL STATISTICS UNIT

WARNING: The penalty for knowingly making a false statement in this form is: (a) a fine of up to \$10,000, (b) a term of imprisonment of up to 10 years, or (c) both.

VS-112 REV 12/2009

QA05306116

This is a true and correct reproduction of the original record as recorded in this office. Issued under authority of Section 191.051, Health and Safety Code.

ISSUED

DEC 18 2014

WARNING: THIS DOCUMENT HAS A DARK BLUE BORDER AND A COLORED BACKGROUND

Geraldine R. Harris
GERALDINE R. HARRIS
STATE REGISTRAR

LHA



From: Borelli, Andrew on behalf of SeniorReferral
Sent: Tuesday, April 07, 2015 11:57 AM
To: Brennan, Amy
Subject: RE: 21412010327 CRAWFORD LETTERS RUSH

Importance: High

Amy,

I discussed this claim with UL Pati Casey today. We do not need to send a separate denial for the Estate.

Apparently no Estate exists at this time, and as we didn't know who the letter of 2/5/2015 came from,

we encompassed our denial of Jayson Crawford's claim as well as the Estate's claim in our uphold denial

letter. We can proceed with review of the claim for payment if we have everything else we need, and if

Jayson Crawford files an Estate claim we can address with him via his attorney at that time. Thank you.

Andrew Borelli | Senior Claim Examiner
MetLife Group Life Claims Operations
T. 315 792 5856

From: Brennan, Amy
Sent: Thursday, April 02, 2015 2:33 PM
To: SeniorReferral
Subject: 21412010327 CRAWFORD LETTERS RUSH

Amy Brennan
Examiner
MetLife-Group Life Claims
PO Box 6100
Scranton, PA 18505
1-800-638-6420
Fax 570-558-8645

MET/CRAWFORD 00656

APP.034

From: McGuire, Larry
Sent: Tuesday, April 07, 2015 2:50 PM
To: Brennan, Amy
Subject: RE: LCI Escalation-Status Update needed-Claim number 21412010327

Amy,

Yes she met the actively at work requirements at time of death.

Thanks

**Larry D. McGuire|National Accounts|South Customer Unit
Sr. Client Services Consultant |972-246-3828 – Voice|518-953-1748 -
Fax
lmcguire@metlife.com**

From: Brennan, Amy
Sent: Tuesday, April 07, 2015 1:48 PM
To: McGuire, Larry
Subject: RE: LCI Escalation-Status Update needed-Claim number 21412010327
Importance: High

Larry,

We resolved the LCI issue- sorry. I just used the same email to keep it all together.

As far as the date last worked, did the EE meet the Plan's definition of the actively at work upon their date of death?

Thank you for your quick response on this, trying to get it paid today.

Amy Brennan
Examiner
MetLife-Group Life Claims
PO Box 6100
Scranton, PA 18505
1-800-638-6420
Fax 570-558-8645

MET/CRAWFORD 00657

APP.035

From: McGuire, Larry
Sent: Tuesday, April 07, 2015 2:44 PM
To: Brennan, Amy
Subject: RE: LCI Escalation-Status Update needed-Claim number 21412010327

Amy,

I cannot find this LCI. The last date worked would be the day prior to the hospitalization. SWA does not track last date worked.

Thanks

Larry D. McGuire|National Accounts|South Customer Unit
Sr. Client Services Consultant |972-246-3828 – Voice|518-953-1748 -
Fax
lmcguire@metlife.com

From: Brennan, Amy
Sent: Tuesday, April 07, 2015 1:10 PM
To: McGuire, Larry
Subject: RE: LCI Escalation-Status Update needed-Claim number 21412010327
Importance: High

Larry,

We are getting ready to pay this claim and I need to verify the date she last worked. Death Certificate shows she was inpatient hospital yet the claim shows she last worked the day before her death. Can you get a verification for me on the day last worked as a rush please? I would like to send this to be reviewed for payment today.

Thanks

Tracy Crawford
455-13-9959

Amy Brennan
Examiner
MetLife-Group Life Claims
PO Box 6100

MET/CRAWFORD 00658

APP.036

Scranton, PA 18505
1-800-638-6420
Fax 570-558-8645

From: McGuire, Larry
Sent: Wednesday, March 11, 2015 8:40 AM
To: Ins_Oriskany_Glif_MPM_Escalations
Cc: Melillo, Nicholas; Brennan, Amy
Subject: RE: LCI Escalation-Status Update needed-Claim number 21412010327

Amy

No, if there is no bene on listed online with MetLife we revert back to the paper form that SWA had on file prior to the transition. I am double checking any communications.

Thanks

Larry D. McGuire|National Accounts|South Customer Unit
Sr. Client Services Consultant |972-246-3828 – Voice|518-953-1748 -
Fax
lmcguire@metlife.com

From: Brown, Rebecca **On Behalf Of** Ins_Oriskany_Glif_MPM_Escalations
Sent: Wednesday, March 11, 2015 6:57 AM
To: McGuire, Larry
Cc: Melillo, Nicholas; Brennan, Amy
Subject: RE: LCI Escalation-Status Update needed-Claim number 21412010327

Hi Larry,

Thank you for your response. Our question is, the designation in 2008 that names Cooper, was this designation revoked or considered no longer valid when the customer went to online beneficiary designations. If so, was there a communication sent to the insured advising the prior designations would no longer be valid if so, can we be provided with a copy of the letter.

I am showing the LCI is in your "My work" and that you opened the task on 3/10/2015 and you made a note in the note tab (Pend Task Reason) Legal

Please advise

Thanks Becky

MET/CRAWFORD 00659

APP.037

Rebecca A Brown | Claim Business Consultant | MetLife Group Life Claims
5950 Airport Road, Oriskany, NY 13424 | T. 315-792-6396 | F. 570-558-8645 | rabrown@metlife.com

From: McGuire, Larry
Sent: Tuesday, March 10, 2015 2:23 PM
To: Ins_Oriskany_Glif_MPM_Escalations
Cc: Melillo, Nicholas; Brennan, Amy
Subject: RE: LCI Escalation-Status Update needed-Claim number 21412010327

Good Afternoon

I do not show any outstanding LCI's, and I have answered this question in the past. There are no other bene forms with MetLife or with SWA.

Thanks

Larry D. McGuire | National Accounts | South Customer Unit
Sr. Client Services Consultant | 972-246-3828 - Voice | 518-953-1748 -
Fax
lmcguire@metlife.com

From: Brown, Rebecca **On Behalf Of** Ins_Oriskany_Glif_MPM_Escalations
Sent: Tuesday, March 10, 2015 1:13 PM
To: McGuire, Larry
Cc: Melillo, Nicholas; Brennan, Amy
Subject: RE: LCI Escalation-Status Update needed-Claim number 21412010327

Hi Larry,

Please provide a status on this LCI.

Thanks Becky

Rebecca A Brown | Claim Business Consultant | MetLife Group Life Claims
5950 Airport Road, Oriskany, NY 13424 | T. 315-792-6396 | F. 570-558-8645 | rabrown@metlife.com

From: Brown, Rebecca
Sent: Thursday, March 05, 2015 9:02 AM
To: McGuire, Larry
Cc: Melillo, Nicholas; Brennan, Amy
Subject: LCI Escalation-Status Update needed-Claim number 21412010327

Hi Larry,

MET/CRAWFORD 00660

APP.038

Please provide a status update on a LCI for Tracy Crawford-Southwest Airlines-claim number 21412010327-LCI ID# 40942

We are currently reviewing an appeal based on a denial to a party not the named beneficiary. We need to know if the beneficiary designation that is attached in MPM dated 04/28/2008 naming Cooper the great nephew was revoked or considered no longer valid once the customer went to online designations. If so, was there a written communication sent to the employees regarding this. If so, are they able to provide that actual letter sent to the insured or a copy of the generic letter that was sent.

Please advise. As we have an appeal, we need an answer so we can continue with the appeal review

Thanks Becky

[illegible]

Rebecca A Brown | Claim Business Consultant | MetLife Group Life Claims
5950 Airport Road, Oriskany, NY 13424 | T. 315-792-6396 | F. 570-558-8844

Please provide a status update on a LCI for Tracy Crawford-Southwest Airlines-claim number 21412010327-LCI ID# 40942

We are currently reviewing an appeal based on a denial to a party not the named beneficiary. We need to know if the beneficiary designation that is attached in MPM dated 04/28/2008 naming Cooper the great nephew was revoked or considered no longer valid once the customer went to online designations. If so, was there a written communication sent to the employees regarding this. If so, are they able to provide that actual letter sent to the insured or a copy of the generic letter that was sent.

Please advise. As we have an appeal, we need an answer so we can continue with the appeal review

Thanks Becky

Customer Number	21412010327	Contract Number	21412010327
Region	SO 0100	Active Date	01/01/08
Reference ID	21412010327		
Product/Policy	Life Insurance		

Page	1 of 1	Customer	Tracy Crawford
Product/Policy	Life Insurance	Address	10000 1st St, Suite 100, Dallas, TX 75243
Contract Number	21412010327	Signature	[Signature]
Active Date	01/01/08	Signature Date	01/01/08
Policy Number	21412010327	Policy Status	Active

Policy Number	21412010327	Policy Status	Active
Policy Type	Life Insurance	Policy Term	10 Year
Policy Face	\$100,000	Policy Premium	\$100.00
Policy Owner	Tracy Crawford	Policy Beneficiary	Cooper

Rebecca A Brown | Claim Business Consultant | MetLife Group Life Claims
5950 Airport Road, Oriskany, NY 13424 | T. 315-792-6396 | F. 570-558-8645 | rabrown@metlife.com

MET/CRAWFORD 00661

APP.040

SANDERS, O'HANLON, MOTLEY & YOUNG, P.L.L.C.

LAWYERS:

ROGER D SANDERS
J MICHAEL YOUNG
LAURA GALLARDO

111 South Travis Street
Sherman, Texas 75090
Office (903) 892-9133
Fax (903) 892-4302

www.somlaw.net

LAWYERS:

ANTHONY O'HANLON, P.C.*
LUKE MOTLEY, IV*
UPENDAR T REDDY*

*Of Counsel

April 7, 2015

Attn: Claim #21412010327
Metlife Group Claims
PO Box 6100
Scranton, PA 18505

VIA FAX (570) 558 8645
AND VIA CERTIFIED MAIL

Insured: Tracy Phillips Crawford
Date of Death: 12/15/2014
CLAIM #: 21412010327

Dear Metlife Group Life-Claims Examiner:

I am writing in response to your letter of March 31, 2015 to Jayson Crawford. Please direct all future correspondence to Mr. Crawford to my attention.

There is currently no estate proceeding pending for Tracy Crawford. Based on my review of the ERISA plan at issue, there is no need for an estate proceeding as Jayson Crawford would receive the proceeds as surviving spouse, since there was no valid beneficiary designation consistent with the explicit terms of the plan.

Please note that the life insurance proceeds should be sent to my attention and made payable to my firm's trust account, pursuant to my agreement with Mr. Crawford.

Sincerely,


J. Michael Young

cc: client

MET/CRAWFORD 00677

APP.041

1510350154014

APP.042

GROUP LIFE APPEALS TEMPLATE

Date of Denial or Termination	02/02/15
Date Appeal Received	02/11/15
Date Appeal Reviewed	03/19/15
Insured Last Name	Crawford
Insured First Name	Tracy
Claim #	21412010327
Is this an Initial Appeal or 2nd Appeal	Initial
Group Customer Name	Southwest Airlines
Department Source	Group Life
Team Code	R
Orig Examiner who drafted Denial Letter	Amy Brennan
Senior on Denial Letter	Becky Brown
Senior on Appeal	Tim D Copperwheat
Type of Denial - Coverage or Bene	Beneficiary
Coverage 1	
Coverage 2	
Coverage 3	
Reason	Rival
Reason Details for Rival and AD&D Exclusions ... otherwise N/A	Rival - Invalid Bene Designation
Date of Death	12/15/14
Who filed the Appeal?	Attorney
ERISA or NonERISA	ERISA
Pertinent page numbers in the administrative record displayed from the Hot View view on NetView:	Rival notice 2, Rival letter 3, Designation 9, Appeal, 30 & 36. Admin 76-77

MET/CRAWFORD 00686

APP.043

Page 2 for Claim #

21412010327

Details of Claim File & Appeal:

Initial claim submission contacted notice of potential rival. (pg 2). There was not an electronic bene form but there was a paper form on file. Spouse, Jayson Crawford contends he is the beneficiary and was named (pg 3). There is paper form on file dated 4/25/08 naming a Cooper, great nephew, as primary beneficiary and Mandy niece as contingent. . (pg 9). No evidence of a 2011 form done naming Jayson, only the 2008. Denial is therefore sent to Jayson & his atty advising not the named beneficiary and no evidence of a change of beneficiary in 2011. (pg 27). — First Jayson appeals directly, claiming the plan docs obtained state only designation with MetLife (electronic) is valid and since none her estate should receive the funds. (pg 30). This is followed by appeal from the atty with same argument, that the plan states as of 6/15/2013 paper insurance designations forms will not be accepted. (pg 36). There is however nothing noting that prior ones already accepted would be invalidated.

We contacted admin to confirm prior designations were revoked or not. Admin confirmed nothing revokes the priors, they just switched from paper to electronic at that time. (pg 76-77)

MET/CRAWFORD 00687

APP.044

Case 3:16-cv-02402-B
Group Life Claims Division

Document 56-1 Filed 07/0

16118500000034 ID 835

MetLife®

P O BOX 6100
SCRANTON, PA 18505-6100

STATEMENT OF CLAIM

INSURED TRACY CRAWFORD
PAYEE COOPER BURNETT
ADDRESS 8300 RED BLUFF APT 628
PASADENA, TX 77507

CLAIM NUMBER 21412010327
GROUP/SUB/PAY POINT 0149870/000/0007
FACE VALUE \$431,000.00
INTEREST AMOUNT \$106.28
AMOUNT PAID \$431,106.28
DATE 04-09-2015

Your claim has been approved and a Total Control Account has been established for you. You will be receiving a package which will include a draftbook and large booklet explaining your account within the next few days. If you have any questions about your account please call our toll free number (1-800-538-7283) to speak to a customer service representative.

Important:

United States Social Security benefits may also be payable. For information regarding possible benefits we suggest that the claimant communicate with the nearest office of the Social Security Administration. If the deceased insured was named as beneficiary on any other insurance policies, a new beneficiary should be designated without delay.

The interest portion of this payment is taxable income and should be included on your federal and state income tax returns. If the interest paid is \$200 or more, it will be reported to the IRS, and you will receive Form 1099-INT at year end. Therefore, please notify the claims office listed above of any address change.

MetLife

POLICY HOLDER SOUTHFIELD LRK
METROPOLITAN LIFE INS. CO.
P.O. BOX 6100
SCRANTON, PA 18505-6100

99986

COOPER BURNETT
8300 RED BLUFF APT 628
PASADENA, TX 77507

MET/CRAWFORD 00688

APP.045

GROUP LIFE APPEALS TEMPLATE

Date of Denial or Termination	02/02/15
Date Appeal Received	07/20/15
Date Appeal Reviewed	07/30/15
Insured Last Name	Crawford
Insured First Name	Tracy
Claim #	21412010327
Is this an Initial Appeal or 2nd Appeal	2nd
Group Customer Name	Southwest Airlines
Department Source	Group Life
Team Code	R
Orig Examiner who drafted Denial Letter	Amy Brennan
Senior on Denial Letter	Tim D Copperwheat
Senior on Appeal	Marie O'Dell
Type of Denial - Coverage or Bene	Beneficiary
Coverage 1	
Coverage 2	
Coverage 3	
Reason	Rival
Reason Details for Rival and AD&D Exclusions otherwise N/A	Rival - Invalid Bene Designation
Date of Death	12/15/14
Who filed the Appeal?	Attorney
ERISA or NonERISA	ERISA
Pertinent page numbers in the administrative record displayed from the Hot View view on NetView	D/C: 85 Rival Notice: 2, 3, 4, 6, 7 Bene Designation: 9 Denial (not bene): 27, 28 Appeal: 30, 31, 35, 36, 37 Admin Emails: 75 - 79 Uphold: 87, 88, 101, 102 New Appeal (new atty): 128 - 133 2nd uphold: 150-151 Atty letter: pgs 155-156

MET/CRAWFORD 00725

APP.046

Page 2 for Claim #

21412010327

Details of Claim File & Appeal:

A rival claim was submitted from the EE's spouse Jayson Crawford. The only beneficiary designation form on file was a paper designation completed in 2008 naming a great-nephew as the beneficiary. Crawford contended that he was named as the beneficiary in 2011; this was not the case so we denied the rival claim. Crawford and his attorney both appealed, claiming the plan docs obtained state that only electronic designations with MetLife are valid and that therefore, the estate should get the funds since there was no electronic designation on file. The attorney argued that the plan states as of 6/15/2013, paper insurance designations forms will not be accepted (36). The Plan never states that older designations are revoked. We contacted admin to confirm if prior designations were revoked or not. Admin confirmed nothing revokes the priors, the customer just switched from paper to electronic at that time. We upheld our denial and provided certain documents to the first attorney representing Crawford. Crawford has obtained a new attorney, Rawlings, who makes a demand for payment. Rawlings essentially makes many of the same arguments and states that it was the EE's intention for Crawford to be named as beneficiary by default. Rawlings requested the entire claim file, other enrollment forms, and case

Rawlings requested the entire claim file, other enrollment forms, and case law sufficient in Rawlings' view to support our actions. Funds were PIF to the designated beneficiary of 2008 after the uphold was sent. We sent an uphold letter to atty Rawlings. Atty Rawlings has sent in another letter stating he has not received a copy of the policy. He also states that just because the SPD does not state that paper designations would no longer be honored and is requesting anything that MetLife relied upon to accept the paper designation.

Send response letter to atty that the policy would be same doc as SPD for group life insurance. Also advise that the SPD is a summary that the employees rely upon regarding changes to their benefits so based on the language in the SPD it only states that paper forms will not be accepted effective 6/15/13 but does not direct the employees to complete a new form if they have a paper designation on file. Also advise appeal rights exhausted.

MET/CRAWFORD 00726

APP.047



Metropolitan Life Insurance Company

Group Life Claims
PO Box 6100
Scranton, PA 18505

March 31, 2015

JAYSON CRAWFORD
1114 14TH STREET
GALVESTON, TX 77550

RE: Insured: Tracy Crawford
Group No: 0149670
Claim No. 21412010327

Dear Jayson Crawford:

We are writing in regard to the above-referenced claim for Group Life insurance benefits. Please accept our sincere condolences at this time.

In order for us to continue reviewing this claim, we request that you please forward the following documentation and/or requested information to this office. Please do not submit original documents unless expressly directed to – original documents will not be returned:

- Certified Estate Papers issued by the Probate Court appointing an Administrator/Executor for the Estate of TRACY CRAWFORD.

The required information is necessary to further review the claim. If it is not received, MetLife must place the proceeds into a Liability (or holding) Account. The proceeds will remain there until the necessary documents are provided or the proceeds may ultimately need to be escheated to the appropriate state.

If you have any questions, please contact our office at 800-638-6420 prompt 2.

Sincerely

Group Life Claims Operations

Enclosure
BGP01

MET/CRAWFORD 00760

APP.048



Metropolitan Life Insurance Company

Group Life Claims
PO Box 6100
Scranton, PA 18505

March 02, 2015

GUARDIAN OF COOPER BURNETT
C/O DENNIS SLATE ATTORNEY AT LAW-112 E FORREST
DEER PARK, TX 77536

RE: Insured: Tracy Crawford
Group No: 0149670
Claim No. 21412010327

Dear Guardian Of Cooper Burnett:

We are writing in regard to the above-referenced claim for Group Life insurance benefits. Please accept our sincere condolences at this time.

In order for us to continue reviewing this claim, we request that you please forward the following documentation and/or requested information to this office. Please do not submit original documents unless expressly directed to – original documents will not be returned:

- A Certified Death Certificate for TRACY CRAWFORD, with a raised or colored seal, indicating the cause and/or manner of death.
- Complete the enclosed Claimant's Statement, sign and date the form.

The required information is necessary to further review the claim. If it is not received, MetLife must place the proceeds into a Liability (or holding) Account. The proceeds will remain there until the necessary documents are provided or the proceeds may ultimately need to be escheated to the appropriate state.

If you have any questions, please contact our office at 800-638-6420 prompt 2.

Sincerely

Group Life Claims Operations

Enclosure
BGP01

MET/CRAWFORD 00762

APP.049

MET/CRAWFORD 00763

APP.050